Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Address: <u>JE/O</u> ZHWYHARS <u>EUAN</u>DILLE JA Date: Case #: County: UANDELBURGH Type of Laboratory Seizure (check one) Seizure Location (check all that apply) Residence Hotel/Motel Operational Lab ☐ Chemical/Glassware/Equipment (only) Outbuilding Open → No Structure Dumpsite (only) Vehicle Other: Items Found: Location (bedroom, kitchen, open air, stc) (check all that apply). Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): _____ Flammable Solvents: Water Reactive Metal (Lithium); Anhydrous Ammonia: Hydrochloric Acid Gas Generator(s); Corrosive Acid: V Corrosive Base: _____ Other (item and location):_____ Child under age 18 discovered (check one) <u>Investigative Information</u> Yes ____ (number present) Ephedrine/Pseudoephedrine Tracking Log ₩ No Retail/Merchant Tip *If yes, fax report to Child Protective Services Other: JEAZCH This report is to be faxed to the following agencies that serve the location: Fire Department: EVALLE / LUEF.D Fax: 812-435-6235 Health Department: UANDELBURGH Child Protection Service: NA For further information regarding this methamphetamine laboratory, contact Investigating Officer: Arm PHREY Phone 567-3078 ** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.